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OF THE

OKLAHOMA STATE MEDICAL ASSOCIATION

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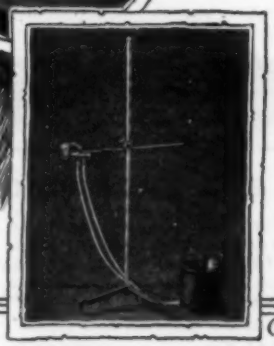

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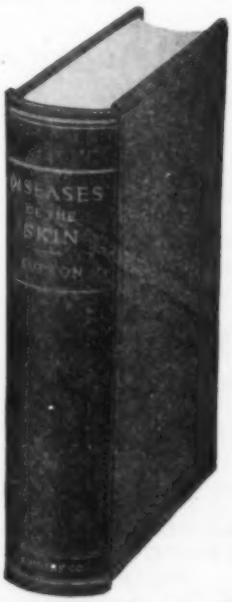

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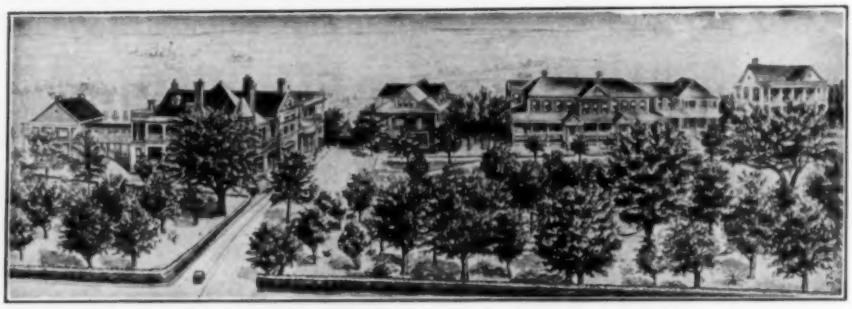

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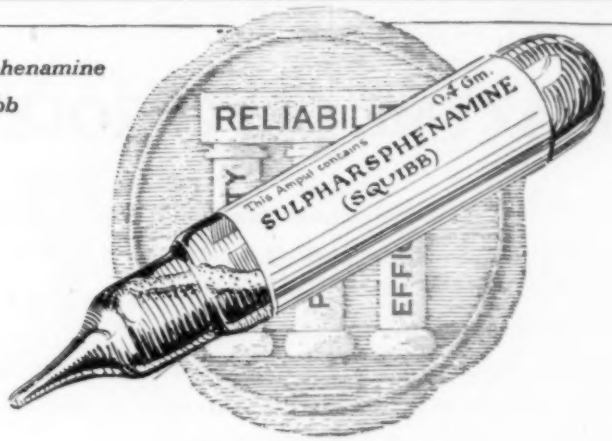

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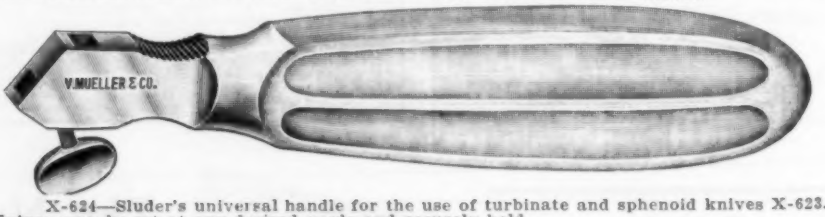
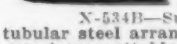
X-623—Turbinate knife, Sluder's. Made in three models, straight universal ground on both sides, like Fig. 1, and right and left on one side only. These knives are 5 inches in length.

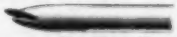
X-623A—Sphenoid knife, Sluder's, Fig. 2, 6 inches in length. This blade is universal and somewhat thinner and smaller than the blades of the turbinate knives.



X-624—Sluder's universal handle for the use of turbinate and sphenoid knives X-623. Knives may be set at any desired angle and securely held.



X-534B—Submucous elevator and dissector, Walker's. This instrument is made of tubular steel arranged to connect to the ordinary suction apparatus. The handle may be set at any suitable distance from the top and the instrument can be rotated in the fingers by virture of the swivel or union joint.



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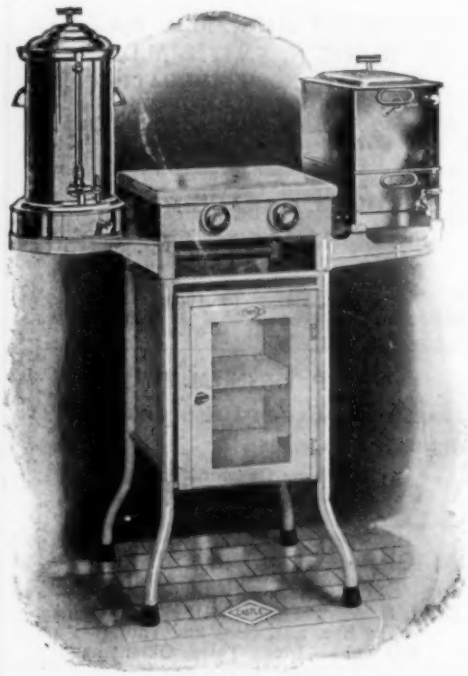

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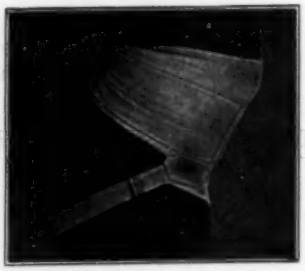

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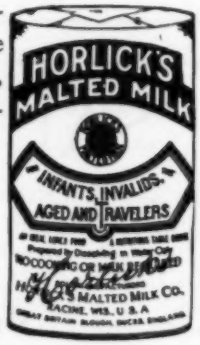

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IMPROVEMENT OF DIPHTHERIA ANTITOXIN

NOTWITHSTANDING the vast fund of experience and information which has been gained through the many years in which Diphtheria Antitoxin has become established in medical practice, our knowledge is nevertheless steadily increasing and improvements continue to be made in the method of manufacture.

In the early days of serum therapy the standardization of antitoxin was a haphazard proposition, and even the tests utilized for safeguarding its purity left much to be desired. All that is a thing of the past. The standardization of antitoxin is now a definite and accurately controlled procedure, so that its potency, as expressed in antitoxic units, is a certain guide to the physician in determining dosage. Thoroughly dependable tests for insuring the freedom of the product from bacterial contamination or toxic substances of whatever nature have also been developed.

During recent years research effort has largely been directed toward increasing the concentration of antitoxin —getting the therapeutic dose in a smaller bulk and eliminating unnecessary solid material, especially proteins. An antitoxin thus refined has obvious advantages. The smaller quantity is easier for the physician to inject and less painful to the patient. Even more important, however, is the elimination of unnecessary albuminous substances which in certain patients may cause protein toxemia.

It is now possible, by methods of chemical precipitation, to so concentrate diphtheria antitoxin as to make a given volume many times as potent as the same amount of serum freshly separated from the blood of the treated horse. This is accomplished by precipitating the serum globulin, a constituent of the serum with which the antitoxic element is closely identified. Various methods of carrying out this concentration have been developed, the results of which vary—not only in the degree of the concentration, but also in the physical characteristics of the antitoxin thus obtained. It is very important that the concentration be effected without increasing the viscosity of the globulin to a degree sufficient to delay absorption when administered to the patient. Absorption is an important factor in the clinical response to antitoxin, whether the injections are given subcutaneously or intramuscularly; and delay in absorption is obviously a serious disadvantage.

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